SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING AND RESEARCH (SVNIRTAR)

(An autonomous body under Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)
AT: - OLATPUR, P.O:- BAIROI, DIST:-CUTTACK, ODISHA:- 754010

Paste recent Application No. Roll No. passport size Colour (To be filled by the office) photograph 1. APPLICATION FOR MPT / MOT : (write in full - in the box) here Master of **2**. CHOICE OF CENTRE & CENTRE CODE : 1st Pref: 2nd Pref:-3. NAME OF THE CANDIDATE (IN CAPITAL LETTERS): 4. FATHER'S/GUARDIAN'S NAME: **5.** DATE OF BIRTH: (As given in 10th pass or equivalent certificate) DATE **MONTH** YEAR 6. DATE OF BIRTH (IN WORDS) 7. ADDRESS (IN CAPITAL LETTERS): PRESENT ADDRESS PERMANENT ADDRESS NAME: -----NAME: -----C/O:-----C/O:-----VILLAGE/STREET: -----VILLAGE/STREET: -----POST: -----POST: -----CITY: -----CITY: ------DIST: -----DIST: -----STATE: -----STATE: -----PIN CODE: -----PIN CODE: -----PHONE NO: -----PHONE NO: -----EMAIL ID: -----E-MAIL-ID: -----

8. W	HETHER EM	PLOYED: (Ple	ease tick $()$ in the approp	riate box)					
(l	f employed,	no objection	certificate from the empl	oyer has to b	YES e submitted)	NO			
De	etails of Emp	oloyer/organi	zation:						
	Sl. No.	N	Name & Address of Employer			Period			
		to. Trume & radiess of Employer			From:	То:			
9.	NATIONAL	ITY:							
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12.	DETAILS OF		AL QUALIFICATION (STAR	TING FROM 1	0 TH CLASS)				
	Board/University		Name & Address of the School/College from where passed Name & Name of Examination			Year of passing	Year of passing		
13. I	DATE OF COM	MPLETION OF	INTERNSHIP:						
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			015 – cum - Director ional Institute of Rehabili	itation Si	gnature of the	e Candidate			
			t: Olatpur, PO.:Bairoi,		ace:				
	Dist: Cutta	ack (Odisha)	-754010	Da	Date:				

Swami Vivekanand National Institute of Rehabilitation Training and Research (Ministry of Social Justice and Empowerment, Govt. of India) Olatpur, PO: Bairoi, Dist: Cuttack, Odisha: 754010

PROVISIONAL ADMIT CARD FOR ENTRANCE TEST-2015 (MPT & MOT)

Date & Time of Exam: - 26/07/2015, 11.00 hrs.	
Candidates are allowed to enter the examination hall	& occupy seats Paste recent
only 15 minutes before the examination.	passport size
Candidate's Name	photograph here
AgeSex	
Course of Admission	
Roll No (To be filled	in by the office)
*All the particulars except Roll No. i.e. Candidate's na Identity Card, must be filled up by the candidate.	ame, Age, Sex and Address mentioned in the Provisional
Signature of Candidate (Sign. and return with Application form)	Signature of Examination Invigilator (To be signed in the Exam. Hall)

Swami Vivekanand National Institute of Rehabilitation Training and Research (Ministry of Social Justice and Empowerment, Govt. of India) Olatpur, PO: Bairoi, Dist: Cuttack, Odisha: 754010

PROVISIONAL IDENTITY CARD FOR ENTRANCE TEST-2015 (MPT & MOT)

Date & Time of Exam: - 26/07/2015, 11.00 hrs.	
Candidates are allowed to enter the examination Hall	Paste recent passport size
only 15 minutes before the examination.	photograph
Candidates Name:	here
Age:Sex:	
Course of Admission	
Roll No (To be filled	in by the office)
*All the particulars except Roll No. i.e. Candidate's n Identity Card, must be filled up by the candidate.	ame, Age, Sex and Address mentioned in the Provisiona
Signature of Condidate	Signature of Candidate
Signature of Candidate (Sign. and return with Application form)	Signature of Candidate (To be signed in the Exam. Hall)

Signature of Examination Invigilator (To be signed in the Exam. Hall)

FOR OFFICE USE ONLY

Candidates name: Mr. /Mrs/Miss							
Venue of the	e Examination	:					
Roll No.							

Signature of the Chairman PGET- 2015 Cum-Director,